

1. Decision items

- a. What functions need to be performed in the future (beginning January 2007) to support implementation of the 5-year eHealth plan and to provide ongoing leadership of the Wisconsin eHealth initiative?
- b. Is there a need to convene leaders of the key organizations involved in health information exchange in the state to align interests, build synergy, take ownership, avoid duplication and improve communications?
- c. Should some new structure be created for this purpose or is there an existing entity or organization that can take responsibility for these functions?
- d. What should be the role of state government in the future?
- e. How should this effort be staffed and funded?
- f. If a new organization of some kind is created, what are the respective roles and responsibilities of the eHealth Board and the new organization?

2. What needs to be governed: The Office of the National Coordinator recommends that each state establish a statewide Health Information Exchange organization that can take on some or all of these functions:

- a. Set a state-level framework for health information exchange including standards to assure interoperability
- b. Coordinate ongoing regional activities
- c. Create governance and policy and technical framework needed for successful health information exchange
- d. Address policy and legal barriers to health information exchange
- e. Consider funding mechanisms and possibly administer funding opportunities such as loan and grant programs
- f. Ensure coordination of public and private initiatives within the state
- g. Serve as liaison to national organizations like the eHealth Initiative and DHHS Office of the National Coordinator

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- h. Serve as a clearinghouse for information and communications about health information technology and health information exchange policies and opportunities
- 3. Wisconsin options for organization models for a statewide health information exchange organization include:
 - a. Create a small Coordinating Council of leaders of the current health information initiatives - WCHQ, WHIO, representatives of existing RHIOs, SMS, WHA and a strong consumer representative
 - b. This council could serve as a standing committee of the eHealth Board in the future
 - c. Or it could be legally incorporated and independent of the eHealth Board – as long as there is good communication and clear division of labor between the new Council and the eHealth Board
- 4. Future role of eHealth Board
 - a. Background
 - i. The Governor created this board by executive order in November 2005
 - ii. Board members were appointed January – March 2006
 - iii. The board is still very new – it met three times in 2006 and has focused on the development of the five-year plan requested by the Governor
 - iv. The plan will go to the Governor 12/1/06
 - b. Once the Governor approves the plan, the Board's role shifts to oversight of the implementation of the eHealth plan and assurance that the plan keeps pace with local, regional, statewide and national developments
 - c. The Executive Order requires that the Board do the following once this plan is developed:
 - i. Facilitate statewide adoption of electronic health record standards to enable health information exchanges across the state and nationally

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- ii. Create organization and governance structures for a statewide eHealth information infrastructure
- iii. Annually assess the extent to which automated information and decision support systems are used by health care providers in Wisconsin
- iv. Annually assess options and progress on the action plan to achieve automation of all health care systems by 2010; and
- v. Annually report to the Governor on its plans, activities, accomplishments, and recommendations.

5. Staffing considerations

- a. Staff is required to support the board and any committees it creates.
- b. If a separate legal structure is established to oversee a statewide health information exchange, staff will be needed for whatever functions it assumes.
- c. Most states developing a statewide eHealth plan have opted to establish a not-for-profit organization with both public and private members. If so, then the organization hires the staff to support the effort.
- d. Most states do not have a permanently appointed eHealth Board as we do in Wisconsin. The Governor appointed a member of his cabinet, the DHFS Secretary, to chair the eHealth Board and DHFS has provided staff support to the eHealth Board and its workgroups to develop the five-year plan.
- e. State government could continue to provide staff support to the board and any standing committees it creates.
- f. Other options are that government could contract with another agency to staff the implementation work or provide financial support for staff costs to another organization. This decision should follow from the structure created to oversee the statewide health information exchange.

6. Communications issues

- a. There is a need for a communications and marketing plan for a statewide eHealth initiative.

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- b. The Governance work group is charged with making recommendations for this plan.
- c. Arizona is one model – they have placed a priority in their first year of implementation of their eHealth Road Map on a marketing and education plan, assuming that these functions will be absorbed into a permanent governance structure once established (and recognizing that their eHealth Board disbanded when they produced their report to the Governor).
- d. This was viewed as critical to maintain the project momentum, to generate additional enthusiasm at regional and local levels and to maintain resources to respond to public inquiries and public relations opportunities.
- e. Activities to be included in the Arizona marketing plan include:
 - i. Developing standard presentations
 - ii. Establishing and training a speakers bureau
 - iii. Establishing a media contact
 - iv. Developing a media plan
 - v. Distributing a quarterly newsletter
 - vi. Reaching out to key stakeholders
 - vii. Maintaining a contact database
 - viii. creating a Web portal
- f. Activities to be included in the Arizona education plan include:
 - i. Organization of workshops for initial projects (such as results delivery)
 - ii. Assisting in coordinating grant and funding opportunities with statewide, regional and local organizations
 - iii. Continuing to develop talent to serve as implementation leaders
 - iv. Supporting and exchanging industry knowledge such as lessons learned and best practices

Issues for further discussion with eHealth Governance Workgroup

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- v. Assisting statewide, regional and local organizations in obtaining assistance from national experts
- vi. Developing materials to assist communities/regions with getting started
- vii. Collaborating with other organization such as the QIO for additional educational resources